

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **097763294**

FILING DATE **21 FEB 2001**

APPLICANT(S)

*Miyama*

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/				51						
2			/	/			52						
3			/	/			53						
4			/	/			54						
5			/	/			55						
6			/	/			56						
7			/	/			57						
8			/	/			58						
9			/	/			59						
10			/	/			60						
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13			/	/			63						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			/				TOTAL IND.						
TOTAL DEP.			/	/			TOTAL DEP.						
TOTAL CLAIMS			15				TOTAL CLAIMS						